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(Original Signature of Member)

107TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

\_\_\_\_\_  
IN THE HOUSE OF REPRESENTATIVES

Mr. PITTS introduced the following bill; which was referred to the Committee  
on \_\_\_\_\_  
\_\_\_\_\_

**A BILL**

To provide for research on, and services for individuals with,  
post-abortion depression and psychosis.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*



1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Post-Abortion Depres-  
3 sion Research and Care Act”.

4 **SEC. 2. FINDINGS.**

5 The Congress finds as follows:

6 (1) About 3,000,000 women per year in the  
7 United States have a unplanned or unwanted preg-  
8 nancy, and approximately 1,186,000 of these preg-  
9 nancies end in elective abortion.

10 (2) Abortion can have severe and long-term ef-  
11 fects on the mental and emotional well-being of  
12 women. Women often experience sadness and guilt  
13 following abortions with no one to console them.  
14 They may have difficulty in bonding with new ba-  
15 bies, become overprotective parents or develop prob-  
16 lems in their relationship with their spouses. Prob-  
17 lems such as eating disorders, depression and suicide  
18 attempts have also been traced to past abortions.

19 (3) The symptoms of post-abortion depression  
20 includes bouts of crying, guilt, intense grief or sad-  
21 ness, emotional numbness, eating disorders, drug  
22 and alcohol abuse, suicidal urges, anxiety and panic  
23 attacks, anger/rage, sexual problems or promiscuity,  
24 lowered self esteem, nightmares and sleep disturb-  
25 ance, flashbacks, and difficulty with relationships.



1           (4) Women who aborted a first pregnancy are  
2           four times more likely to report substance abuse  
3           compared to those who suffered a natural loss of  
4           their first pregnancy, and they are five times more  
5           likely to report subsequent substance abuse than  
6           women who carried to term.

7           (5) Greater thought suppression is associated  
8           with experiencing more intrusive thoughts of the  
9           abortion. Both suppression and intrusive thoughts,  
10          in turn, are positively related to increases in psycho-  
11          logical distress over time.

12          (6) Women who experience decision-making dif-  
13          ficulties and may lack social support may experience  
14          more negative emotional consequences to induced  
15          abortion.

16          (7) Post-abortion depression often relates to the  
17          lack of understanding in society and the medical  
18          community of the complexity of post-abortion de-  
19          pression, and economic pressures placed on hospitals  
20          and providers are contributing factors.

21          (8) Social pressure to have an abortion can be  
22          directly related to higher levels of immediate regret  
23          and more mental undoing over subsequent years.

24          (9) Post-abortion depression is a treatable dis-  
25          order if promptly diagnosed by a trained provider



1 and attended to with a personalized regimen of care  
2 including social support, therapy, medication, and  
3 when necessary hospitalization.

4 (10) While there have been many studies re-  
5 garding the emotional aftermath of abortion, very  
6 little research has been sponsored by the National  
7 Institutes of Health.

8 **TITLE I—RESEARCH ON POST-**  
9 **ABORTION DEPRESSION AND**  
10 **PSYCHOSIS**

11 **SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI-**  
12 **TIES OF NATIONAL INSTITUTE OF MENTAL**  
13 **HEALTH.**

14 (a) IN GENERAL.—The Secretary of Health and  
15 Human Services, acting through the Director of NIH and  
16 the Director of the National Institute of Mental Health  
17 (in this section referred to as the “Institute”), shall ex-  
18 pand and intensify research and related activities of the  
19 Institute with respect to post-abortion depression and  
20 post-abortion psychosis (in this section referred to as  
21 “post-abortion conditions”).

22 (b) COORDINATION WITH OTHER INSTITUTES.—The  
23 Director of the Institute shall coordinate the activities of  
24 the Director under subsection (a) with similar activities  
25 conducted by the other national research institutes and



1 agencies of the National Institutes of Health to the extent  
2 that such Institutes and agencies have responsibilities that  
3 are related to post-abortion conditions.

4 (c) PROGRAMS FOR POST-ABORTION CONDITIONS.—

5 In carrying out subsection (a), the Director of the Insti-  
6 tute shall conduct or support research to expand the un-  
7 derstanding of the causes of, and to find a cure for, post-  
8 abortion conditions. Activities under such subsection shall  
9 include conducting and supporting the following:

10 (1) Basic research concerning the etiology and  
11 causes of the conditions.

12 (2) Epidemiological studies to address the fre-  
13 quency and natural history of the conditions and the  
14 differences among racial and ethnic groups with re-  
15 spect to the conditions.

16 (3) The development of improved diagnostic  
17 techniques.

18 (4) Clinical research for the development and  
19 evaluation of new treatments, including new biologi-  
20 cal agents.

21 (5) Information and education programs for  
22 health care professionals and the public.

23 (d) LONGITUDINAL STUDY.—

24 (1) IN GENERAL.—The Director of the Institute  
25 shall conduct a national longitudinal study to deter-



1 mine the incidence and prevalence of cases of post-  
2 abortion conditions, and the symptoms, severity, and  
3 duration of such cases, toward the goal of more fully  
4 identifying the characteristics of such cases and de-  
5 veloping diagnostic techniques.

6 (2) REPORT.—Beginning not later than 3 years  
7 after the date of the enactment of this Act, and peri-  
8 odically thereafter for the duration of the study  
9 under paragraph (1), the Director of the Institute  
10 shall prepare and submit to the Congress reports on  
11 the findings of the study.

12 (e) AUTHORIZATION OF APPROPRIATIONS.—For the  
13 purpose of carrying out this section, there is authorized  
14 to be appropriated \$3,000,000 for each of the fiscal years  
15 2002 through 2006.

16 **TITLE II—DELIVERY OF SERV-**  
17 **ICES REGARDING POST-ABOR-**  
18 **TION DEPRESSION AND PSY-**  
19 **CHOSIS**

20 **SEC. 201. ESTABLISHMENT OF PROGRAM OF GRANTS.**

21 (a) IN GENERAL.—The Secretary of Health and  
22 Human Services (in this title referred to as the “Sec-  
23 retary”) shall in accordance with this title make grants  
24 to provide for projects for the establishment, operation,  
25 and coordination of effective and cost-efficient systems for



1 the delivery of essential services to individuals with post-  
2 abortion depression or post-abortion psychosis (referred to  
3 in this section as a “post-abortion condition) and their  
4 families.

5 (b) RECIPIENTS OF GRANTS.—A grant under sub-  
6 section (a) may be made to an entity only if the entity—

7 (1) is a public or nonprofit private entity, which  
8 may include a State or local government; a public or  
9 nonprofit private hospital, community-based organi-  
10 zation, hospice, ambulatory care facility, community  
11 health center, migrant health center, or homeless  
12 health center; or other appropriate public or non-  
13 profit private entity; and

14 (2) had experience in providing the services de-  
15 scribed in subsection (a) before the date of the en-  
16 actment of this Act.

17 (c) CERTAIN ACTIVITIES.—To the extent practicable  
18 and appropriate, the Secretary shall ensure that projects  
19 under subsection (a) provide services for the diagnosis and  
20 management of post-abortion conditions. Activities that  
21 the Secretary may authorize for such projects may also  
22 include the following:

23 (1) Delivering or enhancing outpatient and  
24 home-based health and support services, including  
25 case management, screening and comprehensive



1 treatment services for individuals with or at risk for  
2 post-abortion conditions; and delivering or enhancing  
3 support services for their families.

4 (2) Delivering or enhancing inpatient care man-  
5 agement services that ensure the well being of the  
6 mother and family and the future development of  
7 the infant.

8 (3) Improving the quality, availability, and or-  
9 ganization of health care and support services (in-  
10 cluding transportation services, attendant care,  
11 homemaker services, day or respite care, and pro-  
12 viding counseling on financial assistance and insur-  
13 ance) for individuals with post-abortion conditions  
14 and support services for their families.

15 (d) INTEGRATION WITH OTHER PROGRAMS.—To the  
16 extent practicable and appropriate, the Secretary shall in-  
17 tegrate the program under this title with other grant pro-  
18 grams carried out by the Secretary, including the program  
19 under section 330 of the Public Health Service Act.

20 (e) LIMITATION ON AMOUNT OF GRANTS.—A grant  
21 under subsection (a) may not for any fiscal year be made  
22 in an amount exceeding \$100,000.

23 **SEC. 202. CERTAIN REQUIREMENTS.**

24 A grant may be made under section 201 only if the  
25 applicant involved makes the following agreements:





1           (1) Not more than 5 percent of the grant will  
2           be used for administration, accounting, reporting,  
3           and program oversight functions.

4           (2) The grant will be used to supplement and  
5           not supplant funds from other sources related to the  
6           treatment of post-abortion conditions.

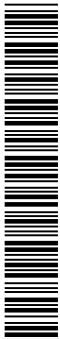
7           (3) The applicant will abide by any limitations  
8           deemed appropriate by the Secretary on any charges  
9           to individuals receiving services pursuant to the  
10          grant. As deemed appropriate by the Secretary, such  
11          limitations on charges may vary based on the finan-  
12          cial circumstances of the individual receiving serv-  
13          ices.

14          (4) The grant will not be expended to make  
15          payment for services authorized under section  
16          201(a) to the extent that payment has been made,  
17          or can reasonably be expected to be made, with re-  
18          spect to such services—

19                (A) under any State compensation pro-  
20                gram, under an insurance policy, or under any  
21                Federal or State health benefits program; or

22                (B) by an entity that provides health serv-  
23                ices on a prepaid basis.

24          (5) The applicant will, at each site at which the  
25          applicant provides services under section 201(a),



1 post a conspicuous notice informing individuals who  
2 receive the services of any Federal policies that  
3 apply to the applicant with respect to the imposition  
4 of charges on such individuals.

5 **SEC. 203. TECHNICAL ASSISTANCE.**

6 The Secretary may provide technical assistance to as-  
7 sist entities in complying with the requirements of this  
8 title in order to make such entities eligible to receive  
9 grants under section 201.

10 **SEC. 204. AUTHORIZATION OF APPROPRIATIONS.**

11 For the purpose of carrying out this title, there is  
12 authorized to be appropriated \$300,000 for each of the  
13 fiscal years 2002 through 2006.

